

3 Essentials of a successful DEC program

1. Collaboration among law enforcement, Child Protective Services, medical facilities, and prosecutors.
2. On scene response by Child Protective Services.
3. Collection of urine samples, whenever possible within four hours of assuming custody and not outside the 12 hour window.

WV Bureau for Public Health Clandestine Drug Laboratory Remediation Program

Telephone (304) 558-2981

Fax (304) 558-0524

<http://www.wvdhhr.org/rtia/meth.asp>

In order to protect the public health, safety and welfare, the Department of Health and Human Resources is the state agency that sets forth standards for the remediation of clandestine drug laboratories. In accordance with Chapter 64, Article 92 of the Code of West Virginia and the applicable promulgated rules, any law-enforcement agency, upon locating chemicals, equipment, supplies or precursors indicative of a clandestine drug laboratory on residential property, **shall notify the residential property owner and the Bureau for Public Health Clandestine Laboratory Remediation Program within 24 hours.**

Crime Victims Compensation Fund

Telephone (304) 347-4850 or (877) 562-6878

<http://www.legis.state.wv.us/Joint/victims.cfm>

Provides for compensation to innocent victims of crime who have suffered *personal injury* and who have incurred out-of-pocket losses as a result of criminally injurious conduct. The crime must be reported to law enforcement officials within 72 hours (unless just cause exists). The claimant must fully cooperate with law enforcement officials. The claim must be filed within two years of the date of the incident. This fund also assists methamphetamine lab clean up and relocation for innocent victims.

West Virginia Drug Endangered Children

an
Interdisciplinary Guide
for the Removal of Children
from Methamphetamine Environments

WV Drug Endangered Children Task Force



Rescue Defend Shelter Support

For more information contact:

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WV Drug Endangered Children

Drug Endangered Children are children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation or distribution. These harms may include: injury from explosion, fire or exposure to toxic chemicals found at clandestine lab sites; physical abuse; sexual abuse; medical neglect; and lack of basic care including failure to provide meals, sanitary and safe living conditions or schooling. Drug endangered children are part of a very large population of children whose lives have been seriously and negatively impacted by dangerous drugs.

BACKGROUND

West Virginia's drug problems involving the abuse and clandestine manufacture of methamphetamine is a pronounced and growing problem in West Virginia. Clandestine methamphetamine laboratory activity in West Virginia has doubled since 2009.

The chemicals used to manufacture meth, the production process, and the waste generated as a result of that process pose very real and serious dangers to the public and the environment. These dangers include toxic poisoning, chemical and thermal burns, fires, and explosions.

The children who live in and near meth labs are at the greatest risk of harm due to their growth and development, the abuse and neglect perpetrated on them by their caretakers and others who frequent their drug-laden homes, and their inability to protect themselves.

Responding to a suspected meth lab where children are present requires a carefully planned and coordinated approach involving multiple partners. Those who make meth often use meth, making them prone to violent behavior. Often, meth producers try to keep secret and protect their illegal operations by using weapons, explosive traps, and surveillance equipment.

INTRODUCTION

The West Virginia Drug Endangered Children (DEC) Program was established in 2006 to address problems associated with methamphetamine (meth) production in homes with children present. Methamphetamine is a drug children are increasingly being subjected to

Indicators of Meth Use

Children of Meth Users Often Exhibit

Respiratory problems
Delayed speech skills
Malnourishment
Poor school performance
Attendance problems
Isolation
Physical abuse
Sexual abuse
Emotional abuse
Poor dental health
Hyperactivity
Lice
Obesity
Developmental problems
Violent behavior
Drug usage
Easy attachment to strangers



Common Physical Complaints

- Stomach pain
- Anorexia
- Hoarding of food
- Unusual smells
- Irritated eyes
- Chemical smells on clothes
- Bronchial symptoms
- Anxiety and crash patterns

Parents use or abuses

Physical Signs

Weight loss
Darkness under eyes
Oily skin/hair
Odor
Teeth problems
Skin sores
Lack of personal hygiene
Dilated pupils
Can't sit still

Behavioral Signs

Insomnia
Extreme hyperactivity
Excessive talkativeness
Change in attitude/personality
Change in friends
Hiding associates
Change in activities
Drop in performance
Loss of interest in family

Psychological Effects

Irritability
Anxiety
Hallucinations
Paranoia
Cognitive impairment
Aggressiveness

Decontamination

Children

In emergency situations

If a child is in critical need of medical attention he/she should be taken to the emergency room ASAP. Decontamination should not delay medical attention.

If evidence from an active or inactive Meth Lab is found :

Children present should shower with warm water/soap in a safe place, OR

Change child's clothing and take to available shower. Place blanket over car seat to prevent chemical transfer.

If child is in home but not in direct contact with chemicals a shower and change of clothes should be provided within a reasonable time frame in a safe environment.

Outside

If a lab is discovered when child is outside the home the child should be located and given a shower and change of clothes within a reasonable time frame.

Workers

- Cover car seats and floor boards with plastic covering
- Wash hands with soap/water before touching the steering wheel
- Go to a safe location to change clothes
- Place contaminated clothing in a plastic bag
- Wash all exposed skin surfaces
- Wash items carried into the contaminated area
- Avoid touching other surfaces before you have washed.

Basic Safety Items

- Cell phone
- Change of clothes
- Clean towels
- Surgical gloves
- Disinfectant hand wipes
- Plastic trash bag
- Dust mask

Other Aspects

Leave ALL of child's clothing and belongings at site.

DO NOT use Baby wipes; must shower or bathe.



in West Virginia; it is by far the worst drug children have had to endure. The effects are devastating to children and families.

The WV Prosecuting Attorneys Institute and the WV Department of Health and Human Services, Bureau of Children and Families have collaborated on this effort to form a task force to address the need for protocols, training, and community awareness.

The Task Force consists of federal, state and local law enforcement, Child Protective Services, medical personnel, prosecutors, treatment providers, prevention specialists, environmental protection and public health representatives, and victim advocates.

They have worked together to formalize a multidisciplinary protocol to address the needs and ensure the safety of children who are present at a methamphetamine laboratory.

WV DEC MISSION

Our mission is to form alliances, partnerships, and organizations across all government and private services to ensure that appropriate tools and resources exist to identify, remove, and treat children in dangerous drug-abuse environments.

PURPOSE

In the interest of protecting children found in or near methamphetamine laboratories, the WV Drug Endangered Task Force has developed a multi-agency protocol to address drug endangered children's issues.

Meth Lab Trends in West Virginia

2004	171 Labs	2009	109 Labs
2005	216 Labs	2010	140 Labs
2006	86 Labs	2011	170 Labs
2007	42 Labs	2012	271 Labs
2008	50 Labs		

Rescue Defend Shelter Support

Agency Response Matrix

Multidisciplinary Drug Endangered Children's Team

This plan applies to situations where there is reason to believe that abuse and neglect of a child has occurred through exposure to controlled substances, or to chemicals and processes involved in manufacturing illegal drugs.

Law Enforcement

- ▼ Assess condition of child.
- ▼ Make Child Protective Services (CPS) referral.
- ▼ Collect physical evidence.

Contacting CPS

Before a situation arises, get to know child protective services in your county and find out who and how you need to contact child protective services.

The after hours phone number for Child Protective Services is the Child and Elder Abuse Hotline

800-352-6513

Child Protective Services

- ▼ Arrange for safe placement of child
- ▼ Coordinate sample collection
- ▼ Arrange for decontamination of child, when necessary
- ▼ Conduct initial interview with child
- ▼ Facilitate transfer of child to appropriate facility
- ▼ Conduct placement assessment
- ▼ If necessary, court makes placement determination
- ▼ Continuum of care.

Prosecutor

Prosecutor Response

File and support charges of child endangerment; keep short- and long-term interests of the children in mind.

- ▼
 1. **Review evidence collected by:**
 - Law Enforcement
 - Medical Services
 - Child Protective Services
 - Local Health Officer
 2. **Reference appropriate laws.**
 3. **Determine appropriate actions to take.**

Code Sections

General use of methamphetamines
§60A-10-12 Exposure of children to methamphetamine manufacturing; penalties (Effective 07/01/2005)

Children found in or around drugs
§61-8D-4 Child neglect resulting in injury; child neglect creating risk of injury; criminal penalties (1996)

Procedure in cases of child neglect or abuse
§ 49-6-1, et seq.

Medical

Medical Response

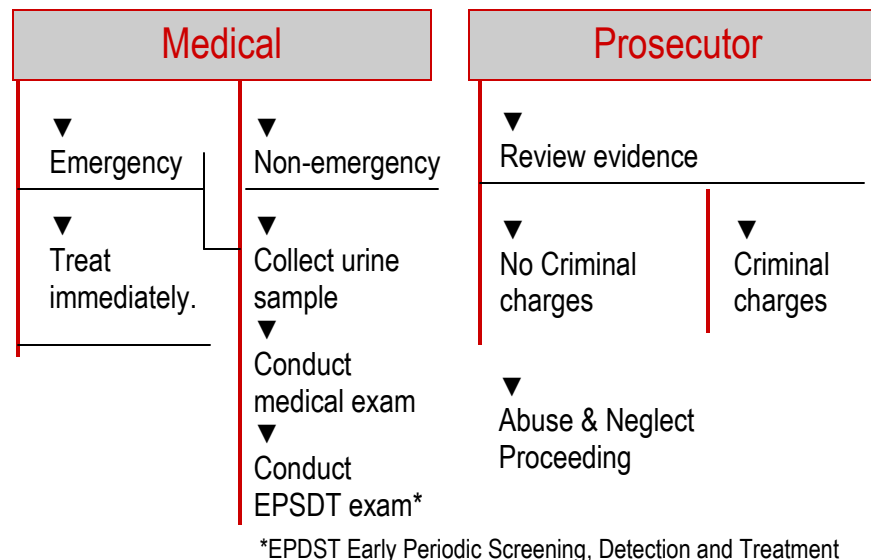
Conduct immediate toxicological testing and physical examinations of children found at clandestine meth labs to document their physical and mental conditions; document their exposure to drugs, chemicals; look for signs of physical injuries, abuse, malnutrition. Maintain long-term follow up care.

- ▼
1. **Assess and triage per policy.**
2. **Place patient in private room if possible.**
3. **If no prior decontamination, remove clothing, bag, and dispose of per hospital policy. Bathe or shower patient.**
4. **Take vital signs**
 - pulse
 - respiratory rate
 - pulse oximetry
 - blood pressure
 - Glasow coma score
 - weight in kilograms
5. **Notify physician if vital signs out of range for age.**
6. **Document affect (sad, happy, detached etc.)**
7. **Collect urine immediately.**
Request urine toxicology for any level of methamphetamine, not just NIDA standards. Sample must be treated as evidentiary following chain of custody policy. Urine must be collected within 12 hours for optimal results.
8. **Labs:**
CBC with differential
Comprehensive Metabolic Panel
Hepatitis B&C panel
9. **Contact Primary Care Provider to arrange for follow-up care within 72 hours**
Developmental evaluation
Mental health evaluation
Dental exam

To accurately document the child's exposure to drugs, a urine sample should be collected as soon as possible after assuming custody. Samples taken beyond twelve hours are unreliable.

Protocol for Drug Endangered Children

This plan is intended to address the immediate needs of the drug endangered child and does not detail the responsibilities of drug courts, treatment services, continuum of care and site remediation. These latter responsibilities are recognized as integral components, implemented after the child's immediate needs have been addressed.



Urine Collection Procedures

Persons who collect urine samples should be trained in the proper procedure and maintain sensitivity toward the child's situation.

For infants: place four 4x4 gauze pads in the diaper. Remove when wet and place in a clean leak-proof urine container. Cover label and seal in a biohazard container.

To collect urine from a child who is potty trained but too young to use a urine collection cup. Use a urine collection hat. Place the hat in the toilet and have the child urinate into the hat. Transfer the urine to a clean leak-proof container. Cover label and seal in a biohazard container.

For older child and adolescent, give clean urine collection cup to the child and instruct them to urinate into the cup. Cover label and seal in a biohazard container.

Law Enforcement

Law Enforcement Response

At seizures of meth labs, be sure that children found there are taken to safety; document the dangers present as future evidence of child endangerment; file child endangerment charges against appropriate adults.

1. **Secure the scene and ensure the safety of initial responders and civilians present.**
2. **Identify the children present.**
3. **Contact 9-1-1 if a child has obvious injuries or illnesses.**
4. **Transfer of the child to CPS.**

- * LE does not release child to family members or neighbors.
- * CPS attempts to locate and coordinate placement of children that are not on the premises.
- * CPS facilitates the transportation of the child to the emergency room for medical evaluation and testing, when necessary.
- * Notify prosecutor. Provide copies of photographs and reports.

5. **Acquire warrant for collection of biological samples to be used as evidence for legal prosecution.**

Retrieve and submit samples to the lab at the WV State Police Headquarters.

6. **Proceed with investigation, noting the following:**

Document child name, DOB, address, name of parent/caretaker/guardian and telephone number.

Photograph child.

Document physical condition of child.

Measure height and reach of the child to location of the drug (s), weapons (s), hazard (s), and/or pornography.

Ensure on-site or off-site decontamination of children.

Document and photograph inside and outside of residence, living conditions, cleanliness of home, functioning utilities, available food, etc.

Collect physical evidence.

Determine and report care and custody of child for prior 72 hours.

Run criminal history of culpable & non-culpable individual (s).

Interview child as witness; if available, utilize child forensic interviewer.

7. **Examine the scene for evidence that indicates the presence of children.**

If child is not present, but there is evidence of their presence, document as previously detailed and coordinate with CPS to implement a plan to locate and ensure safety of child.

Report as directed by employing agency.

Refer to your local CPS professional and/or Multidisciplinary Team

Child Protective Services

Child Protective Services Response

Take children into emergency custody, if needed; coordinate medical examinations; assess need for long-term custody; arrange for foster homes; intervene in juvenile court on behalf of the children. Maintain long term follow-up.

If you discover a meth lab or suspect that you have come across chemicals being used to make meth during a home visit or child maltreatment investigation, leave the house, depart the immediate area, and contact law enforcement.

1. **Remain away from the house until after law enforcement has responded to your call and secure the house and the people inside.**

2. **Respond at the scene.**

3. **Facilitate appropriate safe placement of child.**

Attempt to locate and facilitate safe placement of children who are not on premises.

4. **Arrange for decontamination of child, when necessary:**

At the site, provide clean clothing and wash exposed skin, using either paper towels and soap and water or packaged pre-moistened wipes.

5. **Facilitate the transportation of child to a foster home or medical**

facility, if needed:

Items from the drug lab site are left on site and not taken with the child.

Transport vehicle should have protective gear for the worker, child, and car.

6. **Conduct initial interview with child:**

Forward appropriate reports to LE and prosecutor.

7. **Advise the foster parents or relative placement of the immediate needs of the child as a result of the meth contamination.**

The children are not allowed to bring anything with them from the contaminated site (i.e. clothes, toys, book bags)

8. **Follow up medical care needs to be scheduled and maintained.**

9. **Follow up with court proceedings on behalf of child.**